

L080000115945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

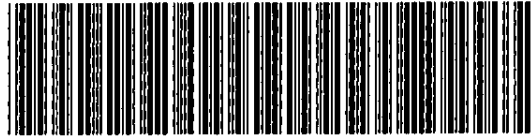
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100139145191

12/23/08--01001--002 **620.00

RECEIVED

08 DEC 22 PM 2:44

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC 22 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 23 2008

EXAMINER

GRAY|ROBINSON
ATTORNEYS AT LAW

SUITE 600
301 SOUTH BRONOUGH ST. (32301)
POST OFFICE BOX 11189
TALLAHASSEE, FL 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
gray-robinson.com

FORT LAUDERDALE
JACKSONVILLE
KEY WEST
LAKE LAND
MELBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

E-MAIL ADDRESS
jmcFarland@gray-robinson.com

December 22, 2008

VIA HAND DELIVERY

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Giavonni's Sweets, LLC
Our File No. 30661-62

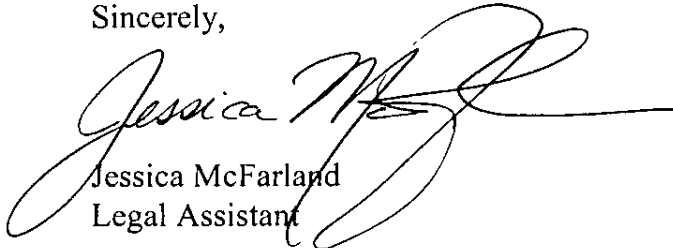
Dear Madam or Sir:

Enclosed are an original and one copy of Articles of Organization of **GIAVONNI'S SWEETS, LLC. PLEASE FILE THESE ARTICLES AND ISSUE A CERTIFIED COPY.**

A check in the amount of \$155.00 is enclosed for the filing fee and cost of the certified copy. Upon receipt of this request, please date-stamp the copy of this letter attached. Also, please call me at (850) 577-9090 when the certified copy is ready to be picked up.

Thank you for your assistance in this matter.

Sincerely,


Jessica McFarland
Legal Assistant

Enclosures

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GIAVONNI'S SWEETS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1525 INTERNATIONAL PARKWAY, SUITE 4051
LAKE MARY, FL 32746

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GARY S. SALZMAN
GRAYROBINSON, P.A.
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


REGISTERED AGENT'S SIGNATURE

Article IV - Manager(s) or Managing Member(s):

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

JOHN C. GRAY, JR.

Typed or printed name of signee

FILING FEES:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)